



Figure 1.

Forensic scientists uncovering Mozart

The letter from Jackson on 'The death of Mozart' (December 1990 *JRSM*, p 813) looks through forensic sciences though the last person to speak for the dead is the forensic pathologist. The forensic task is to search for the true condition at the time of death, with the help of data that play a unique role in bringing out the truth. Now a forensic team has established that Mozart's skull, owned by the museum in Salzburg, shows unmistakable individual characteristics, comparable to those of fingerprints, that give evidence for the identity of the skull^{1,2}. Cynics may ask, so what?

It has nothing to tell us about his gifts but it gives a verdict on the great cause-of-death controversy and shows how the composer really looked. Marks found on the inside of the cranium established that Mozart had had a bad fall which would have entailed the health problems of his final year - and his death from a form of meningitis. This single explanation for all the symptoms can help put to rest decades of confusion and controversy, and dovetails with what Mozart's doctors Thomas F Closset and von Sallaba thought at the time. Also important, the face of Wolfgang Amadeus has been reconstructed forensically, providing

an authentic portrait (Figure 1). The head is short, with a vertical forehead, the middle face juts forward and the cheekbones are prominent. A poor bone rim protection of the eyes gives to the face a feminine appearance³.

The autopsy and Mozart's medical history was presented by the library of the University of Provence, Marseille, France in an exhibition 'Mozart 1991, ou le Convive de pierre' which ran until 30 April 1991. It retraced the life of the genius with new informations unearthed from archives and science.

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Circumcision and sand

Fink's letter (November 1989 *JRSM*, p 695) emphasized the public health benefits of newborn circumcision, particularly as a long term strategy for the control of AIDS, and quoted the California Medical Association as supporting this policy.

Another benefit of such circumcision may become evident as the result of the recent Gulf conflict.

During World War II in the North African campaign, surgeons noted that amongst the troops, there was a high incidence of balanitis requiring urgent circumcision. Some realized at the time that many of these cases were the result of sand getting under the foreskin during micturition in sand storms; the mechanical irritation so produced then led to secondary infection.

A German surgeon has confirmed that troops in the Africa Corps suffered in the same way and that the understandably unofficially recommended treatment was also circumcision.

In biblical times such balanitis would have been life threatening and it is probably for this reason that ritual circumcision was written into the religions of many peoples living near deserts - Jews and Arabs in the Middle East, negroid tribes near the Sahara and bushmen in the Kalahari.

Statistical study of surgical operations on allied troops during the Gulf desert confrontation may lend further weight to the possible georeligious basis of ritual circumcision.

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